

healed by primary union. The first closed without any drainage and never had a sign of leakage. The last one I did last Friday and the patient is doing nicely. There was some difficulty in getting the stone through the vesico-vaginal section; it is evidently a phosphatic stone. The larger one weighs 1400 grains. These two stones, however, are not as interesting as two others I have obtained in the interim, also from the female bladder. They both occurred in the same patient. She was a patient whom I had operated upon previously for vesico-vaginal fistula, the result of severe instrumental delivery in the country several months prior, in which the symphysis had been separated 2 inches, tearing the urethra from the bladder, necessitating quite an extensive plastic operation. In closing the opening in the bladder I foolishly used silk. I passed the suture from the vagina through the entire vaginal wall and bladder wall to its mucous membrane, and probably through its mucous membrane. Had I known whether it went through or not I would not have cared because I knew it would cut through and that would be the end of it. I put in two such sutures, tying the knots on the vaginal surface. The loop of the stitch buried in the mucous membrane afforded a nidus for the accumulation of the phosphatic deposits of the urine and held it there, and once it had formed it increased. The patient subsequently complained of the ordinary symptoms of stone in the bladder. It was not readily discovered. Cystoscopic examination showed but one stone not larger than the end of a finger, yet too large to come through the cystoscope. I passed the forceps through the urethra, got the stone with some little difficulty, but after getting hold of it it did not readily come away from the bladder wall, as it was being held by this stitch, but I thought I had a fold of the mucous membrane. After delivering it I found adhering to the stone the loop of silk, the adhesion between stone and silk being at the point of the loop opposite to the knot, making it evident that the weight of the stone dragging on the loop had caused the thread to cut its way through the vaginal and bladder walls, the tissues closing behind the stitch, permitting no stitch hole leakage, and stitch ultimately delivered from inside of bladder. A week later I had the same experience with another stone and another stitch in the same bladder. The patient is now well.

#### PYELO-LITHOTOMY.\*

By JOHN McMAHON, M. D., San Jose.

C. H. A., aged 63 years, occupation merchant, weight 150 pounds prematurely aged, due to a Bohemian life.

Nine years ago began to have attacks of renal colic, with severe pain extending to bladder and right testicle, causing vomiting. About two hours after cessation of these attacks the urine would become bloody and contained a large quantity of pus. These attacks would come on every few days. Cystitis developed and he was unable to retain more than three or four ounces in bladder. Had to rise several times at night to urinate, each time passing about half a cup of "milky urine tinged with blood and accompanied with severe rectal pains." More or less constipated all the time, with appetite capricious. X-Ray examination revealed stone in right kidney. Operation: Incision beginning  $3\frac{3}{4}$  inches to the right of the median line of the spine, and  $1\frac{1}{2}$  inches below the twelfth rib, extending down to one inch above crest of ilium. Length of incision eight inches.

Kidney was brought into lumbar wound, and opened longitudinally, and a stone weighing 423

grains, two inches in length, one inch in diameter was removed. The lower pole of the kidney was distended by a large abscess in which the stone was lodged. The kidney abscess was flushed with normal saline solution, drainage tube inserted into abscess cavity around which sterile gauze was packed, tube removed on fifth day, wound healed by twenty-first day, able to take a ride on 28th day, complete recovery.

Composition of stone, urate of soda, uric acid and soda phosphate.

#### THE GERMAN HOSPITAL QUESTION.

To the Editor of the State Journal.

Dear Sir:—As on a previous occasion, I ask you again to kindly publish a few remarks, which are written down by me after reading your editorial in the November, 1908, issue, relating to the German General Benevolent Society and the German Hospital of San Francisco.

There exist unquestionably a number of lamentable conditions amongst medical institutions in this state and the medical profession; and it becomes a duty of the medical press to lay the finger to the existing sores, to criticize and to remedy. But I believe in two things: First, that good can come of these discussions only when they are conducted in a temperate manner, when adverse criticism is well founded; and second, when existing evils are exposed without fear and without partiality.

Reading your aforesaid editorial and the notes about the University of California Hospital contained in the same issue, I am forced to two assumptions: First, that your knowledge of the true standing of the German General Benevolent Society needs some correction and enlargement: Second, that yourself and the men who have posted you in regard to the University of California Hospital, are not grasping fully the situation of commercialism as displayed in the University of California Hospital.

Let me explain both items! In well (or if you prefer, in much) governed states, such as the German Empire, the care for the sick and injured of moderate earning power has been developed to a very high degree as a branch of the science and practice of Sociology. The small wage-earner contributes a trifle, the employer adds something, the government adds something more, and these contributions form large resources; all this is done under legislative compulsion for the insurance of certain classes of people with small income. If an insured becomes sick or is injured, he (or she) does not need to ask for charity; he (or she) does not become a public burden; but he (or she) is entitled legally to treatment, medicine, compensation, etc., during his or her inability to work, paid for through the accumulated resources.

In this free country of these United States such compulsory insurance is impossible; here, as in so many other things, private enterprise takes the place of the parental government abroad. Many associations have been formed to insure to members medical aid in case of sickness or injury. The German General Benevolent Society is one of the many. There are in this German Benevolent Society a few thousands of people with moderate or small income; many a servant girl, workingman, etc.; they pay \$1.00 a month of their hard earned money; when they become sick or injured they do not become a public burden in the County Hospital; they are not compelled to beg for admission to one of the so-called charity hospitals of this city; they do not engage a physician, whom they never expect to pay—but they go to the German Hospital for free treatment, to which they are entitled.

\* Read before the Santa Clara County Medical Society.